

10113

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of  
in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>162</u>
District of <u>Winkelman</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>689</u>
Town of <u>Winkelman</u>	No. <u>1</u>		Local Registrar No. <u>1</u>
or <u>Winkelman</u>	(If birth occurred in a hospital or institution, give its NAME and address of street and number)		Ward
City of <u>Winkelman</u>	2. Full name of child <u>Lloyd Acton</u>		If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>no</u>	6. Legitimate? <u>yes</u>
5. No., in order of birth <u>1</u>	7. Date of birth <u>Oct 21, 1923</u>		Month Day Year
8. FATHER Full name <u>Ray Acton</u>	14. MOTHER Full maiden name <u>Mortense Dailey</u>		
9. Residence (Usual place of abode) <u>Winkelman, Ariz</u>	15. Residence (Usual place of abode) <u>Winkelman, Ariz</u>		
If nonresident, give place and state	If nonresident, give place and state		
16. Color or race <u>White</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>Arizona</u>	(State or country)	18. Birthplace (city or place) <u>Arizona</u>	(State or country)
13. Occupation <u>Farmer</u>	Nature of industry	19. Occupation <u>Housewife</u>	Nature of industry
20. Number of children of this mother	(a) Born alive and now living <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead <u>0</u>		
	(c) Stillborn <u>0</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8:30 p.m.</u> on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Harry C. Gable</u>	
Address <u>Winkelman, Arizona</u>		(Physician or midwife)	
Given name added from a supplemental report		Filed <u>Oct 30</u> , 19 <u>23</u>	
Month, day, year.		Filed <u>11-7</u> , 19 <u>23</u>	
Registrar.		Local Registrar. <u>Robert</u>	
		County Registrar.	

319-1021-6118